

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Notice of
Initial Placement by
Appropriate Board or
Designated Agency**

Date of Birth

Court Case No. _____

Placement of the ward is being made or has been made on _____, 20____
at the following location:

(Name, address, telephone number of placement unit):

This placement unit is

- ☐ an unlocked unit .
☐ a locked unit.

The type of placement unit is a

- ☐ nursing home.
☐ intermediate care facility.
☐ center for the developmentally disabled.
☐ public medical institution.
☐ foster care facility.
☐ adult family home.
☐ group home.
☐ apartment.
☐ facility providing acute psychiatric treatment .
☐ other non-institutional community setting.

☐ Ward has a developmental disability.

Signature

Name Printed or Typed

Identity of Board or Designated Agency

Date